

SIGNATURE PAGE

CC-9-2025

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: Hope Sheds light
(PRINT)

Preparer's Name: Pamela Capaci
(PRINT)

Signature: [Handwritten Signature] 6/2/25
(DATE)

Address: 2510 Apache Rd
Manasquan, NJ 08736

Telephone No.: 732-244-0783

Fax No.: _____

E-Mail Address: pam@hopeshedslight.org
*****(This should be the email where Contracts would be sent)*****

Contact Person: Pamela Capaci

FEIN: [Redacted]
(Federal Employee ID)

BRC: 1021112
(Business [Redacted])

Application for Funds

Supporting People in Treatment and Recovery

Hope Sheds Light

1. Name of Contractor				
2510 Apache Rd	Manasquan	Monmouth	NJ	08736
2. Street Address City County State Zip Code				
Barbara Hoopengardner, Finance Director			732-244-0783 ext.120	

3. Name and Title of Fiscal Contact Pamela Capaci, CEO	Telephone No. 732-244-0783 ext. 101
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4. Name and Title of Director Emily Hendricks, Program Director	Telephone No. 732-244-0783 ext.121
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5. Name and Title of Program Manager/Medical Director	Telephone No.
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6. Employer ID No.	NJ State License No., if Applicable	Accreditations
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1. Location of Proposed Project	City	County	State	Zip Code
2510 Apache Rd.	Manasquan	Monmouth	NJ	08736

8. Total Proposed Level of Service in 2024	9. Unit of Service Cost in 2024
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10. Type of Agency (check one)
 PRIVATE NON-PROFIT
 GOVERNMENT
 HOSPITAL
 Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	12. Affirmative Action Plan <input type="checkbox"/> X YES <input type="checkbox"/> NO	13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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COST OF PROJECT

14. Total Funds Requested **\$100,000.00**

Certification: The undersigned assures, declares and certifies that to the best of his/her knowledge and belief, all information contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of the Contractor and the services described herein will be provided to the extent agreed upon in the contract developed as a result of this application. The undersigned further understands and agrees that any grant received as a result of this application shall be subject to the conditions and other policies, regulations and rules issued by the County of Monmouth for the administration of grants which include provisions described in the grant application. In addition, the undersigned gives permission to the Division of Behavioral Health to contact State, County and Federal agencies as well as charitable funding sources to discuss and share relevant financial, budget, programmatic and contract information. The undersigned also agrees to make available to the Division upon request, the organization's budget and fiscal audit.

<p>Hope Sheds Light</p> <p>NAME AND TITLE OF CONTRACTOR (Print)</p> <p>Pamela Capaci, CEO</p>	<p>SIGNATURE OF CONTRACTOR</p> 	<p>DATE OF APPLICATION</p> <p>6/2/25</p>
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